

SHARP LEAD REGISTRY
Case Follow-up
Long Interview Form

Background Patient Information

Case ID # _____

Name _____

Date of Birth _____

Address _____

Age _____

Gender ☐ M ☐ F

Zip Code _____

County _____

Phone _____

Blood Lead Level _____ µg/dl

Date of Test _____

Health Care Provider _____ HCP ID # _____

Reason for Test: ☐ Bio-monitoring ☐ Clinical Suspicion ☐ Unknown

☐ Other: _____

Occupation _____ Employer _____

Employer

Address _____

Call Attempts: ____/____/____ ____:____ AM PM

____/____/____ ____:____ AM PM

____/____/____ ____:____ AM PM

Comments:

Date Interview Completed ____/____/____ Interviewer _____

Date Case Information Mailed ____/____/____

Actions Taken? ☐ No ☐ Yes

☐ Referral to WISHA

☐ Physician to Physician Referral

☐ Contact Employer for Further Action

☐ Send Further Information

Department of Labor and Industries, Commonwealth of Massachusetts.

I. Introduction

Hi. My name is _____, and I work with the SHARP Program at the Department of Labor and Industries. Our program does research on workplace safety and health issues, and we're currently working on a study to decrease lead exposures in the workplace. A couple weeks ago we sent you a letter and some educational materials on occupational lead exposure.

I'm calling today to ask for your participation in a brief interview about your work and how you became exposed to lead. Information about your experience can help us create safer and healthier working conditions. The interview should take about 20 minutes. The research is voluntary and there will be no penalties if you choose not to participate, or if you want to skip questions or stop the interview at any time. All of the information you share will be confidential. The information you provide will not be shared with workers' compensation claim managers or affect the outcome of any current or future claim in any way.

Are you willing to participate in the interview? Yes/No

If Yes, List preferred day/time:

If No, List reason for refusal:

II. Questions

1. Confirm name, address, date of birth and gender (*Refer to page 1*).

2. Were you told the results of this blood lead test?

☐ Yes ☐ No ☐ Unknown

*(If no, tell him/her what the results are and answer any questions.
Refer him/her to the HCP*

who requested the test and to the local health department, when appropriate)

a. Employment Information

3. What was your occupation (job title) when you had this blood lead test done?

Please describe your main job task(s) _____

4. What type of business (industry) is it?

(Be specific; differentiate between manufacturing, retail sales and wholesale sales.)

5. Are you still employed at this job? ☐ Yes ☐ No

6. How long have (had) you been employed at this job?
_____ years _____ months

b. Lead Exposure in the Workplace

7. When you had this blood lead test done, were you being exposed to lead at work?

☐ Yes ☐ No ☐ Unknown

8. In your job, have you worked around any of the following substances:

- | | |
|--|---|
| <input type="checkbox"/> pigments, colorants | <input type="checkbox"/> car batteries |
| <input type="checkbox"/> painted surfaces (old, house paint) | <input type="checkbox"/> automobile radiators |
| <input type="checkbox"/> painted surfaces (old, bridge, other structure) | <input type="checkbox"/> pottery glazes |
| <input type="checkbox"/> solder (new) | <input type="checkbox"/> scrap metal |
| <input type="checkbox"/> solder (old, plumbing repair) | <input type="checkbox"/> bullets (lead shot) |
| <input type="checkbox"/> welding materials | <input type="checkbox"/> lead glass |

(If no to 10 and none for 11, skip to question 35)

9. Please describe how you work with it

10. Are there other people at your job site who are also working with this material?

☐ Yes

☐ No

☐ Unknown

10a.. How many? _____

11. Is there a union representing workers on this job? ☐ Yes ☐ No

☐ Unknown

11a. If Yes, Union and Local No. _____

12. Has your employer changed anything in the workplace since your blood lead was tested?

☐ Yes

☐ No

Please describe:

☐ Changed work process or materials

☐ Installed ventilation

☐ Started lead Training

☐ Shifted me to lead-free job

☐ Other: _____

c. Workplace Lead Program

13. Who suggested you have your blood tested for lead?

☐ company ☐ doctor ☐ self ☐ other_____

14. Did you have this blood lead test done as part of a regular blood lead testing program at work?

☐ Yes ☐ No

15. How often is your blood tested at work?

☐ > once in 6 months ☐ every 6 months ☐ once a year ☐ <once a year
☐ never

16. Did you receive any information or training from the company about lead and how to protect yourself from lead overexposure?

☐ Yes ☐ No ☐ Unknown

17. If yes to 16, what kind of training did you receive?

☐ Verbal Instruction ☐ Pamphlets ☐ Educational video ☐ Other

18. Are you given refresher courses?

☐ Yes ☐ No

☐ < once/year ☐ annual ☐ every 2 years

19. How useful was your training? (rate from 1-10) _____

d. Ventilation Controls, Personal Protective Equipment, Personal Hygiene

20. Is dust formed in your work? ☐ Yes ☐ No ☐ Unknown

20a. If yes, please describe how:

☐ Hand scraping

☐ Hand sanding

☐ Power scraping

☐ Abrasive blasting

☐ Power sanding

☐ Sweeping

☐ Mixing powdered pigments or glazes ☐ Shop vacuum

☐ Using compressed air for cleaning ☐ Material drops on the floor and dries

☐ Carving or etching glass

☐ Firing bullets

Other: _____

21. Do you use a mask or respirator at work?

☐ Yes ☐ No ☐ Unknown

21a. If Yes, please describe the type:

☐ disposable dust mask

(usually white paper mask, should have 2 straps—those with 1 strap provide no protection. Some newer ones may have rubberized face seal and an exhalation valve.)

☐ half face or half mask

(1/2 mask covers from bridge of nose to chin. Face piece made of rubberized material. Mfrs: North, MSA, 3M, Moldex, Pro-Tech, Survivair, Wilson)

☐ full face

(covers from chin to forehead with a face shield)

☐ Powered Air Purifying or PAPR

(has a battery pack with a blower - filtered inlets, usually a full face, hood, or helmet)

☐ Supplied air

(supplied air hooked to compressor by hose. SCBA has air tanks worn on the back - both likely full face)

☐ SCBA, "Self Contained Breathing Apparatus"

(Source of supplied air is a bottle similar to a SCUBA. These probably should not be used in routine lead work)

22. Do you use the respirator or mask:

☐ All the time ☐ Usually ☐ Once in a while

☐ For specific tasks _____

23. What percentage of the work day do you wear your mask? _____ %

24. Did any one ever test the respirator to make sure it fits you?

☐ Yes ☐ No

24a. Did they:

☐ perform a qualitative fit test?

(uses irritant smoke + respirator with HEPA filters, or
"banana oil" and organic vapor cartridges)

- ☐ Perform a quantitative fit test
(uses a machine to check fit)

25. Is there any ventilation for the work you do?

☐Yes ☐No ☐Unknown

25a. If Yes, ask questions that help describe the kind of ventilation present:

- | | |
|--|---|
| <input type="checkbox"/> Blasting booth/room | <input type="checkbox"/> General dilution |
| <input type="checkbox"/> Spray booth/room | <input type="checkbox"/> Local exhaust |

General dilution ventilation is conditioned "fresh" air e.g. Air from a furnace and/or air-conditioning unit.

Local exhaust ventilation can range from a suction hose to a room-sized booth. The contaminant is being captured as it is generated e.g. "elephant trunks" (flexible duct work that is moved into the immediate area of work), "hoods" such as fume hoods used in labs, or 3-sided structures which draw air through and exhaust it from the rear of the enclosure.

26. Do you wash your hands before eating/drinking?

☐ Never ☐ Occasionally ☐ Usually ☐ Always

27. Do you smoke? ☐ Yes ☐ No

27a. Do you wash your hands before smoking?

☐ Never ☐ Occasionally ☐ Usually ☐ Always

28. Do you chew tobacco? ☐ Yes ☐ No

28a. Do you wash your hands before chewing tobacco?

☐ Never ☐ Occasionally ☐ Usually ☐ Always

29. Are there washrooms near your work area? ☐Yes ☐No ☐Unknown

30. Is there a shower with warm water at work? ☐Yes ☐No ☐Unknown

30a. If Yes, do you shower before you leave work? ☐Yes ☐No

31. Do you change your clothes before you leave work? ☐ Yes ☐No

e. Recreational Exposure

32. Do you know of any other source of lead exposure you may have had?

☐ Engaged in home remodeling, renovation, or repair (paint stripping, heat guns)

☐ Exposed to lead paint from home repair, renovations performed by others

☐ Lead hobbyist, e.g., shot/fishing-weight manufacturing, shooting, stained-glass, pottery. ☐ Exposed to lead dust or fumes by a lead hobbyist in the household

☐ Lead dust brought home by lead worker

☐ Drinking water

☐ Soil, dust contaminated from smelters, previous pesticide applications

☐ Lead-containing folk medicines or cosmetics (*azarcon, greta, bali goli, kandu, kohl*)

☐ Unknown

f. Health Symptoms + Take-home exposure

33. Have you recently had any of the following symptoms?

☐ Extreme tiredness ☐ Weak wrists or ankles ☐ Nausea

☐ Irritability or nervousness ☐ Trouble sleeping ☐ Weight loss

☐ Metallic taste in mouth ☐ Difficulty concentrating ☐ Headache

☐ Stomach aches or abdominal cramps ☐ Muscle or joint pain

☐ Constipation

34. In your household, are there children under the age of 6?

☐ Yes ☐ No _____ Number of children <6yrs

(If Yes, suggest blood lead test for potentially exposed children.)

35. In your household, is anyone pregnant? ☐ Yes ☐ No

(If Yes, suggest blood lead testing for potentially exposed pregnant woman.)

36. In your household, is anyone potentially pregnant? ☐ Yes ☐ No

(Are you planning on having a child?)

(If Yes, suggest blood lead testing.)

37. Are you of Hispanic origin? ☐ Yes ☐ No

38. What race are you?

☐ American Indian, Alaskan Native

☐ Asian

☐ Black

☐ White

☐ Native Hawaiian or other Pacific Islander race

☐ Other

39. May we contact your employer to send them materials on lead exposure?

☐ Yes ☐ No ☐ Prefer not to answer

39a. If so, List Name of Employer:

39b. List, Employer's Address:

If Construction, List Address of Jobsite:

39c. List, Employer's Phone:

39d. If no, why not?

☐ Fear of Retaliation

☐ Satisfied with Employers' Efforts

☐ Other, describe

g. Workers' Compensation

40. Did you file a claim for worker's compensation in conjunction with this lead test? ☐ Yes ☐ No